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Date: 10/24/2007

To: USPTO

Fax No.: 571-273-8300

Pages: 15 (including this page)

From: Cynthia K. Nicholson

Subject: Amendment

Comments:

Applicant: Ogasawara
Filing Date: 4/15/2004Serial No.: 10/824,500
Atty Dkt.: 01-619-RCETitle: IN-VEHICLE DEVICE AND METHOD FOR RESTRAINING
UNAUTHORIZED USE

A just-filed copy did not completely fax. Therefore, attached
please find another copy of:

- (1) Transmittal form;
- (2) Request for Continued Examination Transmittal form;
- (3) Fee transmittal form; and
- (4) 10-page Amendment, plus Attachment A (1 page).

Please do not charge fees twice.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 24 October 2007. Typed Name: Cynthia K. Nicholson.

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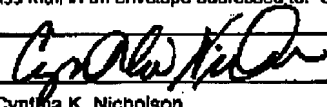
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/824,500
		Filing Date	4/15/2004
		First Named Inventor	OGASAWARA
		Art Unit	2635
		Examiner Name	BROWN
Total Number of Pages in This Submission		Attorney Docket Number	01-819

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Request for Continued Examination Transmittal; (2) Attachment A (1 page)
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	24 October 2007	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Cynthia K. Nicholson	Date	24 October 2007